



PATENT

THE UNITED STATES PATENT AND TRADEMARK OFFICE
PATENT EXAMINING OPERATION

Inventor: William R. Schutt

Serial No: 10/617,994

Group Art Unit: 1746

Filed: July 11, 2003

Examiner: Bruce F. Bell

Att. Docket No.: M1007/20006

Confirmation No.: 4241

For: INTERNAL CATHODIC PROTECTION SYSTEM

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

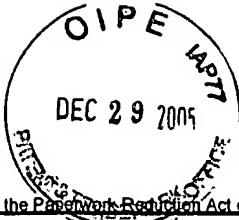
Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated September 29, 2005, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.



Handwritten initials: HZ

(Substitute) PTQ/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/617,994	
	Filing Date	July 11, 2003	
	First Named Inventor	William R. Schutt	
	Art Unit	1746 Conf. No. 4241	
	Examiner Name	Bruce F. Bell	
Total Number of Pages in This Submission	10	Attorney Docket Number	M1007/20006

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Post Card
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Caesar, Rivise, Bernstein, Cohen & Pokotilow, Ltd., Customer No. 03000		
Signature			
Printed name	GARY A. GREENE		
Date	December 27, 2005	Reg. No.	38,897

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Typed or printed name	GARY A. GREENE	Date	Dec. 27, 2005

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